

[ X ] Information Disclosure Statement.

[ X ] Form PTO-1449

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$690.00	\$690.00
Total Claims:	10	20	= 0	x \$18.00 =	\$0.00
Independents:	1	3	= 0	x \$78.00 =	\$0.00
If any Multiple Dependent Claim(s) present:				+ \$260.00 =	\$0.00
				SUBTOTAL: =	\$690.00
[ X ]	Small Entity Fees Apply (subtract ½ of above):				= \$345.00
				TOTAL FILING FEE: =	\$345.00

[ X ] A check in the amount of \$345.00 to cover the filing fee is enclosed.

[ ] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.

[ X ] The Assistant Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Assistant Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

By



Date May 31, 2000

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